


Department of Veterans Affairs

CHILD CARE PROVIDER INFORMATION

(For Child Care Tuition Assistance for Employee)

PRIVACY ACT STATEMENT - Public Law 106-58, Section 643 (September 29, 1999) confers regulatory authority on the Department of Veterans Affairs for agency use of appropriated funds for child care costs for lower income Federal employees. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701. The primary use of these Social Security Numbers and tax identification numbers will be for identification purposes in assuring licensure and/or regulation compliance. This compliance is necessary for the purpose of determining Federal employee eligibility for child care tuition assistance. Disclosure of the above information is voluntary, but failure to provide all of the requested information may result in denial of your application.

RESPONDENT BURDEN - Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection, including suggestions for reducing this burden to the Office of Personnel Management (OPM), Reports and Forms Manager, Paperwork Reduction (3206-0240), Washington, DC 20415-7900.

NOTE: This information is requested by the Department of Veterans Affairs for its Child Care Tuition Assistance Program to verify licensure and/or regulation status. Once you are notified by a Federal employee that they have submitted an application for child care tuition assistance from VA, *please complete this form and return to the employee.*

PART A - CHILD CARE PROVIDER INFORMATION

NAME AND ADDRESS OF CHILD CARE PROVIDER	TYPE OF CHILD CARE PROVIDER <i>(Check one)</i> <input type="checkbox"/> FAMILY CHILD CARE <input type="checkbox"/> CENTER-BASED
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PART B - ORGANIZATION(S) THAT LICENSE AND/OR REGULATE YOUR CHILD CARE PROGRAM

(Attach your most recent license or other notification of approval to operate)

NAME OF ORGANIZATION	DATE OF YOUR LICENSE OR REGULATORY APPROVAL
NAME OF ORGANIZATION	DATE OF YOUR LICENSE OR REGULATORY APPROVAL

PART C - CHILDREN OF FEDERAL EMPLOYEES WHO HAVE APPLIED FOR TUITION ASSISTANCE

NAME OF CHILD	WEEKLY TUITION COSTS \$
NAME OF PARENT(S) APPLYING FOR SUBSIDY	WEEKLY SUBSIDY AMOUNT RECEIVED FROM STATE OR LOCAL GOV'T \$
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NAME OF PARENT(S) APPLYING FOR SUBSIDY	WEEKLY SUBSIDY AMOUNT RECEIVED FROM STATE OR LOCAL GOV'T \$

PART D - INFORMATION FROM INDIVIDUAL COMPLETING FORM

PRINT NAME AND SIGNATURE OF INDIVIDUAL COMPLETING THIS FORM	TITLE OF INDIVIDUAL COMPLETING THIS FORM	DATE COMPLETED
FEDERAL IDENTIFICATION NO. OR SOCIAL SECURITY NO.	OFFICE PHONE NUMBER	FAX NUMBER